

**APR 12 1940**  
Registration District No. **85**

Primary Registration District No. **2001**

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
121 East Highland Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 35 years (Specify whether years, months or days)  
In this community 35 years

3. (a) PRINT FULL NAME Ruth Wilhelmina Meyer  
(b) If veteran, ✓ (c) Social Security No. 491-09-3972  
name war.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced divorced  
(b) Name of husband or wife Oscar 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased April 30, 1904  
(Month) (Day) (Year)

8. AGE: Years 35 Months 10 Days 29 If less than one day hr. min.

9. Birthplace St. Joseph, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Assistant Auditor

11. Industry or business Hotel

12. Name Charles Jacob Lodholz  
18. Birthplace Patowatomie County, Kansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Ida Karrasch  
15. Birthplace St. Joseph, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Lodholz  
(b) Address 121 East Highland Ave., St. Joseph

17. (a) burial (b) Date thereof March 30, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Muehler

(b) Address 1502 Farnon, St. Joseph, Missouri

19. (a) Mar. 30, 1940 (b) H. J. Neale  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 121 East Highland Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29  
year 1940 hour 3 minute 8 M.

21. I hereby certify that I attended the deceased from March 28, 1940 to March 29, 1940  
that I last saw her alive on March 29, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Embolicism of coronary artery - acute

Due to acute bronchopneumonia  
Due to chronic pneumonia

Other conditions Chronic pneumonia  
(Include pregnancy within 3 months of death)

Major findings: ✓ 94/12  
Of operations ✓  
Of autopsy ✓

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 85  
(Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Perot Beck (M. D. or other) ✓

Address King Hill Building Date signed 3/29/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

11  
5  
7

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*H. H. Kelly*

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.